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APPLICANTS

Vijayeshwar D. Khanna, Millwood, NY;
 Sri M. Sri-Jayantha, Ossining, NY;

** CONTINUING DATA *****

AB *None*

** FOREIGN APPLICATIONS *****

AB *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>antus. hys</i> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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ADDRESS

John L. Rogitz
 Rogitz & Associates
 Suite 3120
 750 B Street
 San Diego, CA
 92101

TITLE

Method and apparatus for limiting shock damage to hard disk drive during operation

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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